

Experiences of pregnant women in prison situation

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ABSTRACT

The aim was to understand the experiences of pregnant women in prison situation. We conducted a qualitative and descriptive study in a female prison in the State of São Paulo/Brazil, with 14 pregnant women and we used the content analysis technique grounded on psycho-emotional approaches. We identified the categories: Search for Self-Protection, Guilt Feeling, Building the New Identity. The experience in jail meant solitude, fear, impotence, and resignation. There are restrictions on family relationships, social conviviality, food supplement, privacy and on the right to sleep/rest, besides the impediment to exercise motherhood. Women demonstrated guilt and pain due to the privation to experience maternity and breastfeeding, besides the fear to lose their child's custody. The women had to adjust themselves to the new reality to live in prison. We conclude that pregnant inmates try self-protection to survive the losses and the affection and social disruptions.

Descriptors: Women's Health; Pregnant Women; Prisons; Pediatric Nursing; Qualitative Research.

INTRODUCTION

Brazil has the fifth largest female inmate population in the world, with 37,380 female inmates, corresponding to 6.4% of the prison population in the country. This population grew 567% in 15 years, a rate superior to the general prison population growth (119%)⁽¹⁾.

Women in prison are young (age between 18 and 29 years old), 67% are black, 57% are single, 50% did not complete middle school and 12% are illiterate or literate without a regular course, 45% are in a closed penalty, and 68% respond for drug trafficking. Among them, 5.3% have transmissible diseases, being 46.9%

HIV, 30% syphilis, 6.8% hepatitis and 4.8% tuberculosis⁽¹⁾. The state of São Paulo alone houses around 39% of the total country⁽¹⁻²⁾.

In fact, infectious diseases as tuberculosis⁽²⁾ are a global concern, and the health assessment is recommended during admission to prisons, also including pregnancy tracking, identification of substance abuse and mental health problems⁽³⁾. In countries like Australia, there is the worsening of previous social and health issues because the prison structure does not meet the inmate's needs, contributing to re-imprisonment⁽⁴⁾.

Instead of allowing the rehabilitation to the pregnant, the prison can contribute to the development of self-destructive behaviors, psychological losses, and transmission of diseases due to social isolation, the incentive to work and, corrective techniques⁽⁵⁾.

In Brazil, pregnant women are part of the female contingent in prison situation⁽²⁾. Similarly in the USA, where about 4% of women arrested in state prisons and 3% in federal prisons were pregnant during their admission to jail and, although 94% of them had conducted an obstetric exam, only 54% reported to have received prenatal assistance⁽³⁾.

Pregnancy is permeated by physical, social and psychological transformations to the woman. The experience of the pregnancy process associated to social and cultural factors determine varied individual responses, once it requires adaptations involving the whole organism, as psychosocial transformations that cause expectations, fears, and insecurities, can generate stress situations⁽⁶⁾.

In the Brazilian context, the Health and Justice Ministries established guidelines related to health prevention and assistance to people deprived of freedom. They were offered by the Brazilian Unified Health System (SUS) through the National Health Plan in the Penitentiary System (PNSSP), substituted by the National Policy of Integral Health Attention of People Deprived of Freedom in the Prison System in 2014⁽⁷⁾.

The PNSSP, although considered a health advance in the prison system, minimally addresses questions related to the pregnant woman's health⁽⁸⁾. Thus, there is a need for health adaptations practices inside the prison system, but also of joint involvement of the society, of the health and, of prison systems to meet the needs of this population⁽⁹⁾.

Pregnant women in prison situation are in high vulnerability situation and require attention, being this an actual and relevant theme. Besides, studies that allow knowing how women experience the prison condition can subsidize health professionals who assist and contribute to the creation of policies related to their care.

These considerations stimulated the development of this study, which aim was to know the experiences of pregnant women in prison situation.

METHODS

We conducted a qualitative, descriptive study based on the clinical-qualitative method. This technique aims to obtain free expression of information and to analyze individual and subjective matters of the

experience of incarcerated pregnant women. Such approach allows deepening the clinical-psychological knowledge of the interpersonal relationships, and epistemological conceptions developed from human sciences, trying to interpret and to comprehend the meanings of experiences⁽¹⁰⁾ scientifically.

We conducted the study in a female prison in the inner state of São Paulo/Brazil. Because it is a closed regime prison institution, we needed to perform a period of acculturation⁽¹⁰⁾ for three months before the data collection. The objective of this investigative action was for the researcher to adapt to the environment, space and, institution routines, besides establishing a preliminary inter-personal relationship with the inmate population. Thus, we contacted health professionals and directors of the institution and, we organized a series of lectures for the inmates about health promotion in jail and women's healthcare.

Following the jail's safety guidance, health professionals from the institution indicated the pregnant women according to the study inclusion criteria. They were the following: to be in any gestational phase, to have physical (that is, to not have restrictions to participate in the interview by medical recommendation or by health conditions), intellectual (to not have communication difficulties, mental disorders or mental illness that could impair to answer the formulated questions) and emotional conditions (to not present changes in the emotional state that could impair participation in the study). The researcher assessed such criteria before the interview.

During the study period, 20 (1.8% of the local inmate population) women were pregnant. We collected the data between September and December of 2012, in a private place, in the penitentiary ward and, guaranteeing the absolute secrecy of their identities. The semi-directed open-question interview⁽¹¹⁾, started with the question "Tell me how is this pregnancy being for you". Interviews were individual, conducted and recorded by the study's principal investigator. Each interview lasted an average of 30 minutes. After, we literally transcribed them.

We analyzed the data simultaneously with its collection, using the saturation criteria to guide the closure of the sample; that is, we ended the data collection when new data did not significantly contribute to the primary objectives of the study. We used the content analysis technique⁽¹¹⁾, grounded in the psycho-emotional approach (related to psychological aspects associated with emotions and affections). From it, three categories emerged: Search for Self-Protection; Guilt Feeling; Building the New Identity.

The Ethics in Research Committee of the Penitentiary Administration Secretary approved the project, under the nº 049/2011. Participation in the study was voluntary, after signing the Free and Informed Consent Term.

RESULTS

Fourteen pregnant inmates participated in the study. They were on average 25 years old and had two children. Two reported first pregnancy and only one had planned it. All were doing their prenatal in a referenced Basic Health Unit, but they reported to be scared of the prenatal being inadequate, once it was not conducted as recommended by the guidelines of the Unified Health System (minimum of six

consultations).

A previously published study with nine incarcerated pregnant women showed that 77% did not have a prenatal consultation⁽¹²⁾. In Australia, pregnant inmates were four times more likely to start their prenatal after 20 weeks of pregnancy than free women, contributing to losses to newborns⁽⁴⁾.

In the present study, although all pregnant women had their prenatal, some had a reduced number of consultations due to institutional safety, that is, the risk of escape or rescue during the transportation to the Health Service. Thus, the prison institution defined which women would be taken to the prenatal consultation, according to their gestational risk and the severity of their criminal offense⁽¹³⁾.

During the interviews, women presented emotional reactions as laughs and cry, which in many situations were difficult to control, and we needed to interrupt interviews temporarily. Following, we discuss the identified categories.

Search for self-protection

Many times, the inmates opt for isolation to be protected, considering the constant violence that is imposed on them⁽¹²⁾.

The conjunct of reports shows that pregnant women search for protection ways from adversities related to living in prison. They seek protection using emotional resources, many times involuntary and not-received, but demonstrated in the reports, gestures, and expressions.

For few women, to be in prison meant to be alone:

[...] we get sensitive, wanting someone besides us. To chat, to talk, there is nobody [...] (13).

Another woman demonstrated solitude when talking about nostalgia. Her pain was evident in her cry when she perceived herself helpless:

[...] how bad is to feel nostalgic, to be in a place that you don't know anyone, where people think that you are different [...] *I don't have a friendship with anyone (cry)...*(17).

The most incident negative aspect in the lives of incarcerated women is the distance from their families; the prison violence surpasses the limits of the conviction, and it reaches their families⁽¹²⁾ and their lives after prison. A study about jails in the United States of America showed that the prison system, directly and indirectly, influences physical and mental health problems of inmates, being ineffective for their social lives and leading to a two-year decrease in their life expectancy due to their reclusion experience⁽¹⁴⁾.

The reclusion pain appeared in the feeling expression of losing their loved ones:

[...] I lost the only people that... the only things that I loved in life, in this case, they were my children (14).

Although the causes for withdrawing from family members and friends are known to public authorities, there is no awareness of the severity of consequences related to not receiving visitations in the re-socialization process⁽¹⁵⁾.

Besides the suffering caused by the disruption of family bonds, the interviewed women verbalized feeling helpless about food supply. They complained about meal quality, as they believed that it was not sufficient to provide the nutritional quantity and quality needed for a pregnant woman. Concerns about their eating during pregnancy are grounded on the fact that the inadequate diet can increase the risk of complications during pregnancy⁽¹⁶⁾. In fact, the dietetic ingestion, as recommended by the Institute of Medicine (IOM), can lead to adequate gestational weight gain and risk decrease of undesirable fetal outcomes⁽¹⁷⁾.

Besides, the eating desire was related to lack of affection:

[...] I wish to eat things..., I don't have visitations, I don't have anyone that comes to bring nothing for me... (I14).

The report about lack of privacy and tranquility caused by the number of inmates in the cell and the courtyard brought attention during the interviews:

[...] imagine 30 inmates in a cell, the noise! You want to be in silence, quiet...it is impossible! It's hard... (I13).

The overcrowding is worsened by the inactivity routine, while eating contributes to appearance or worsening of health problems, due to food repetition and low quality⁽¹⁸⁾. The excess of inmates in the cell seems to restrain the right to sleep, to rest and their privacy. It shows the noncompliance of health rights, due to overcrowding and prison precariousness, being a severe public health issue.

The prison environment harms pregnancy due to the daily violence and unmet basic needs (sleep, rest, eating and safety)⁽¹⁹⁾, being the imprisonment a strong predictor of bad perinatal results, reflecting health losses experienced by pregnant women⁽⁴⁾. In consideration, depression during pregnancy is possibly associated with the lack of sleep and sleep disorders, which can affect normal immune processes⁽²⁰⁾.

The paradox between the reports and attitudes called attention. There was a complaint of the terrible sleep conditions, rest and discomfort resulting from the sharing and low quality of the bed, but the resignation of the situation experienced was notable:

[...] It is very hard to live in a cell with 31 inmates and sleeping as "valeti" (two women in the same bed). It is difficult to stand up because the bed is low, but I'm dealing with it, right? ? (I12).

During the interviews, the pregnant women reported that at the end of pregnancy, when the pregnancy is more visible, the other cellmates allow them to sleep in the bed and leave the "beach" (sleep on the ground), considered as a benefit given to them. Possibly, to resign themselves would be a mechanism to handle and survive in this hostile environment:

[...] it is so much trouble [...] I am not bearing! And, besides that, for the rest, I do how it has to be done in jail, ordinary, common (I10).

Guilt feeling

When stimulated to talk about the pregnancy, the surprise to find out being pregnant after their arrest seemed to dominate their emotions; thus, they demonstrated not to be prepared to deal with the future. However, few women, although surprised with the pregnancy, verbalized to accept it, even if they were suffering.

In the midst of affliction, in her discourse, the woman verbalized to love her baby:

[...] we already love the baby in the belly, imagine when having it (I6).

In this conflict of feelings, conscious of the pregnancy situation while in prison, the women revealed anguish when facing reality: they regret what they did, the harm that their actions would affect their child who was to be born.

[...] if I knew (about the pregnancy), I would not have done what I did to harm my child. Alone is already bad, with the baby, it's even worse! (I8).

Not complying with what is an adequate maternal role generates feelings of guilt and incapacity; besides, women suffered double punishment: confinement due to their committed crime and anguish to be incarcerated mothers – as reported in this study.

Although the interviewed women were admitted pregnant, the pregnancy can also happen during incarceration. A study conducted in the United States of America showed that incarcerated mothers had high rates of undesirable pregnancies, and the offer of contraceptive methods was recommended during and after imprisonment⁽²¹⁾.

Mothers who had less contact with their children and who felt they had less influence in their lives reported to experience more emotional and physical suffering⁽³⁾. In this study, women had the perspective to be with their child during the breastfeeding period (six months), but to have a child in prison was another motive of pain:

[...] he (baby) will be arrested with me for a thing that he didn't do. He won't know that he is in prison...so it will be terrible (I14).

To talk about breastfeeding expectations brought up the separation reality and revealed the anguish to be experienced at the moment that the child would be taken to be cared for by the family:

[...]the pain that hurts the most is to know that the moment will arrive. We get attached after we see that little face...then later we have to separate (I2).

The breastfeeding, a secured right by the Brazilian legislation, is not always guaranteed in the prison system, as prison units with proper nursery are rare. In exclusively female prisons, 34% have cells or dorms for pregnant women, 32% have nurseries, and 5% have daycares. While in the mixed jails, these levels drop to 6%, 3%, and 0%, respectively⁽¹⁾; that is, most children will not be breastfed and will not receive maternal

care in a female prison.

Most women will return to the community and family conviviality, being responsible for their children, whose bond could be affected by the separation during the jail time⁽³⁾. In this study, the pain of separating from their child and the fear to lose the maternal love appeared to be the strongest of all pains:

[...] I am scared (cry) because the baby won't recognize me after... (I12).

The maternal love feeling should be conquered, built during conviviality and in constant relationships, resulting in the formation of the bond between mother and child needed⁽²¹⁾. Another verbalized concern was the possibility to lose the child's custody – and, once more, the cry made the fear evident:

[...] terrible (cry) I fear to lose my child to others. [...] I don't want my child to be given away[...] (I7).

The recluse woman has her rights to health and maternity compromised⁽²²⁾. Because she sees herself impeded to practice her maternal role, motherhood is considered suffering. To have her child close to her during breastfeeding could be a strategy to face the storms of prison, it would alleviate the suffering and make reclusion impacts more bearable.

Family matters could lead the inmates to develop emotional and psychiatric disorders related to guilt; however, the present of the child in prison softens the sentence, as they do not feel alone, serving them as an encouragement⁽²³⁾.

Building the new identity

Another great challenge faced by imprisoned pregnant women was to live in prison with people of different culture, values, and social levels, and they had to adapt themselves to the new reality. When entering prison, the individuals experience barriers between the internal and external world. Caused by the sequence of established hours and mandatory daily routines different from their previous life; they are exposed to degradation, humiliation, and subjectivity desecration, with harms or losses of their social role⁽¹⁸⁾.

The prison is marked by violence, which creates helplessness situations. Without instruments to cope these circumstances, women invoke divine protection. We observed religiosity as an alternative to continue living in unfavorable prison conditions:

This pregnancy is being too hard, my God! Only God to have mercy (I9).

[...] I believe that God will not let me give my child to be away from him (I8).

[...] I only ask God from the bottom of my heart to give me more strength to end the days missing and health to be able to handle all the things that will have to come [...] (I10).

The search for divine protection appeared as a mode to cope with the emotional demands; therefore, being a benevolent, credulous human who fears God, makes them worthy of His protection. The faith exercise as the prerogative of survival and hope evokes the idea that facing the problem and achieving changes propitiate uplifted mood and growth as a person, through the emotional control and re-signification

of the actual situation⁽²⁴⁾. The fact is, that when arrested, the woman will not be able to care for her family. To pray for them is as to keep caring, besides comforting and strengthening themselves, giving them certain tranquility.

When entering prison, women leave everything that belonged to them, and they adapt themselves to the new way of life, their habits and local behaviors⁽²⁰⁾. Therefore, the personal identity begins to silence, and it is substituted by new practices imposed by the prison community⁽²⁵⁾. Besides being prisoners of their living context, they also became prisoners of themselves, due to the difficulty in recognizing themselves in this new condition of life.

The helplessness feeling and resignation indicate that pregnant women are limited to obey and respect the existing rules. In a trial to show that they were renewed, they reported the experience in prison as a learning opportunity, to live in fact and, to value their lives before being behind bars:

This place teaches us a lot of things: to live truly, to appreciate life, because there in the street, we do not value life (I5).

Obedience as a precept to survive prison as related to the need to build a new history, valuing life before living behind bars. Thus, the previous life and the experience of imprisonment should be a lesson for the future:

[...] it is also a lesson...for me to become another one, [...] (I13).

In their life trajectories, they seemed to feel failed as family members. Facing the pain of losing their freedom and their social and family bonds, they started to perceive new opportunities for learning, life experience that reclusion could offer. When considering reclusion propitiating a positive experience in some aspects, they began to plan a different future and to recognize that they changed as people.

Therefore, these findings have practical implications for health and nursing teams, when unveiling a cruel reality. However, they indicate paths, because to be pregnant in prison conditions with the physical, emotional, social and spiritual needs met, could contribute to decreasing harms to the binomial and for the woman re-socialization; breaking a violence cycle. The findings also reinforce the need for the multidisciplinary physical and psychic health attention for this population, to prevent harms, as already recommended in the literature⁽³⁾.

CONCLUSION

Pregnant women in prison situation try self-protection to survive losses and ruptures of loving and social bonds. They have physical and emotional needs, due to insufficient attention to basic human needs, like eating, sleep, safety and social relationships. They demonstrated feelings of guilt and pain because of the possibility of not being able to experience motherhood and breastfeeding and, by the fear of losing their child's custody.

The physical and emotional distress caused by the feelings of fear, solitude, loss, and guilt, make them

more vulnerable, with possibilities to lose their own identity. To surpass the suffering and to survive, they try to adjust themselves to the new lifestyle – and, why not say – a new identity, with resignation and support from religious beliefs.

The growing increase of women in prison constitutes a great challenge, and it should raise in health professionals – especially in nurses – the possibility to prioritize and qualify assistance to this population, aiming to decrease harms and, to social re-insertion; possibly contributing to reducing violence in our society.

REFERENCES

1. Ministério da Saúde, Secretaria de Atenção em Saúde, Departamento de Ações Programáticas Estratégicas. Legislação em saúde no sistema penitenciário [Internet]. Brasília: Ministério da Saúde; 2010 [cited 2017 dec 31]. Available from: http://bvsm.sau.gov.br/bvs/publicacoes/legislacao_saude_sistema_penitenciario.pdf.
2. Leal MC, Ayres BVS, Esteves-Pereira AP, Sánchez AR, Larouzé B. Nascer na prisão: gestação e parto atrás das grades no Brasil. *Cien Saude Colet* [Internet]. 2016 [cited 2017 dec 31];21(7):2061-70. Available from: <http://doi.org/10.1590/1413-81232015217.02592016>.
3. Mignon S. Health issues of incarcerated women in the United States. *Cien Saude Colet* [Internet]. 2016 [cited 2017 dec 31];21(7):2051-60. Available from: <http://doi.org/10.1590/1413-81232015217.05302016>.
4. Walker JR, Hilder L, Levy MH, Sullivan EA. Pregnancy, prison and perinatal outcomes in New South Wales, Australia: a retrospective cohort study using linked health data. *BMC Pregnancy Childbirth* [Internet]. 2014 [cited 2017 dec 31];14(1):214. Available from: <http://doi.org/10.1186/1471-2393-14-214>.
5. Nicolau AIO, Ribeiro SG, Lessa PRA, Monte AS, Ferreira RCN, Pinheiro AKB. Retrato da realidade socioeconômica e sexual de mulheres presidiárias. *Acta Paul Enferm* [Internet]. 2012 [cited 2017 dec 31];25(3):386-92. Available from: <http://doi.org/10.1590/S0103-21002012000300011>.
6. Shah S, Plugge EH, Douglas N. Ethnic differences in the health of women prisoners. *Public Health* [Internet]. 2011 [cited 2017 dec 31];125(6):349-56. Available from: <http://doi.org/10.1016/j.puhe.2011.01.014>.
7. Portaria interministerial nº 1, de 2 de janeiro de 2014 (BR) [Internet]. Institui a Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade no Sistema Prisional (PNAISP) no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União*. 03 jan. 2014 [cited 2017 dec 31]. Disponível em: http://bvsm.sau.gov.br/bvs/saudeflegis/gm/2014/pri0001_02_01_2014.html.
8. Diuana V, Ventura M, Simas L, Larouzé B, Correa M. Direitos reprodutivos das mulheres no sistema penitenciário: tensões e desafios na transformação da realidade. *Cien Saude Colet* [Internet]. 2016 [cited 2017 dec 31];21(7):2041-50. Available from: <http://doi.org/10.1590/1413-81232015217.21632015>.
9. Schlafer RJ, Gerrity E, Duwe G. Pregnancy and Parenting Support for Incarcerated Women: Lessons Learned. *Prog Community Heal Partnerships Res Educ Action* [Internet]. 2015 [cited 2017 dec 31];9(3):371-8. Available from: <http://doi.org/10.1353/cpr.2015.0061>.
10. Turato ER. *Tratado da Metodologia da Pesquisa Clínico-Qualitativa*. 2nd ed. Petrópolis: Vozes; 2003.
11. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 11th ed. São Paulo: Hucitec; 2004.
12. Galvão MCB, Davim RMB. Ausência de assistência à gestante em situação de cárcere penitenciário. *Cogitare Enferm* [Internet]. 2013 [cited 2017 dec 31];18(3):452-9. Available from: <http://doi.org/10.5380/ce.v18i3.33554>.
13. Fochi MCS, Silva ARC, Lopes MHBM. Prenatal care in a primary healthcare center for imprisoned pregnant women. *Rev Rene* [Internet]. 2014 [cited 2017 dec 31];15(2):371-7. Available from: <http://doi.org/10.15253/2175-6783.2014000200023>.
14. Zlodre J, Fazel S. All-cause and external mortality in released prisoners: systematic review and meta-analysis. *Am J Public Health* [Internet]. 2012 [cited 2017 dec 31];102(12):e67-75. Available from: <http://doi.org/10.2105/AJPH.2012.300764>.
15. Moreira LE, Toneli MJF. Paternidade, família e criminalidade: uma arqueologia entre o Direito e a Psicologia. *Psicol Soc* [Internet]. 2014 [cited 2017 dec 31];26(spe):36-46. Available from: <http://doi.org/10.1590/S0102-71822014000500005>.

16. Silva EDC, Tesser CD. Experiência de pacientes com acupuntura no Sistema Único de Saúde em diferentes ambientes de cuidado e (des)medicalização social. *Cad Saude Publica* [Internet]. 2013 [cited 2017 dec 31];29(11):2186-96. Available from: <http://doi.org/10.1590/0102-311x00159612>.
17. Oliveira SC, Lopes MVO, Fernandes AFC. Development and validation of an educational booklet for healthy eating during pregnancy. *Rev Lat Am Enfermagem* [Internet]. 2014 [cited 2017 dec 31];22(4):611-20. Available from: <http://doi.org/10.1590/0104-1169.3313.2459>.
18. Minayo MCS, Ribeiro AP. Condições de saúde dos presos do estado do Rio de Janeiro, Brasil. *Cien Saude Colet* [Internet]. 2016 [cited 2017 dec 31];21(7):2031-40. Available from: <http://doi.org/10.1590/1413-81232015217.08552016>.
19. Okun ML, Luther JF, Wisniewski SR, Wisner KL. Disturbed Sleep and Inflammatory Cytokines in Depressed and Nondepressed Pregnant Women. *Psychosom Med* [Internet]. 2013 [cited 2017 dec 31];75(7):670-81. Available from: <http://doi.org/10.1097/PSY.0b013e31829cc3e7>.
20. Ferszt GG, Clarke JG. Health Care of Pregnant Women in U.S. State Prisons. *J Health Care Poor Underserved* [Internet]. 2012 [cited 2017 dec 31];23(2):557-69. Available from: <http://doi.org/10.1353/hpu.2012.0048>.
21. Liauw J, Foran J, Dineley B, Costescu D, Kouyoumdjian FG. The Unmet Contraceptive Need of Incarcerated Women in Ontario. *J Obstet Gynaecol Canada* [Internet]. 2016 [cited 2017 dec 31];38(9):820-6. Available from: <http://doi.org/10.1016/j.jogc.2016.03.011>.
22. Silva IT. Sistema prisional brasileiro: desafios e incertezas em face do caos social e de sua falência aparente - Artigos - Conteúdo Jurídico [Internet]. Brasília: Conteúdo Jurídico; 2013 [cited 2017 dec 31]. Available from: <http://www.conteudojuridico.com.br/artigo,sistema-prisional-brasileiro-desafios-e-incertezas-em-face-do-caos-social-e-de-sua-falencia-aparente,41673.html>.
23. Bauman Z. *Identidade: entrevista a Benedetto Vecchi*. 1st ed. Rio de Janeiro: J. Zahar; 2005.
24. Oliveira LV, Miranda FAN, Costa GMC. Vivência da maternidade para presidiárias. *Rev Eletrônica Enferm* [Internet]. 2015 Jun 30;17(2):360-9. Available from: <http://doi.org/10.5216/ree.v17i2.29784>.
25. Cúnico SD, Brasil MV, Barcinski M. A maternidade no contexto do cárcere: uma revisão sistemática. *Estud e Pesqui em Psicol* [Internet]. 2015 Jul 24 [cited 2017 dec 31];15(2):509-28. Available from: <http://doi.org/10.12957/epp.2015.17656>.